



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIVISION OF ENVIRONMENTAL HEALTH**  
**CHILD CARE FACILITY**  
**INSPECTION REPORT**

<b>REASON</b>	<b>GRADE</b>	<b>Inspection Date:</b>	<b>ESTABLISHMENT NAME:</b>
Regular <input checked="" type="checkbox"/>	provided	3/14/2018	FIRST STEP EARLY CHILDHOOD EDUCATIONAL CENTER
Follow-Up <input type="checkbox"/>	0	<b>Time In/Out:</b>	<b>OWNER/OPERATOR:</b>
Complaint <input type="checkbox"/>		1:30pm   2:35pm	HENRICKSEN, TRICIA
Investigation <input type="checkbox"/>	<b>RATING</b>	<b>Sanitary Permit No.:</b>	<b>LOCATION:</b> 308 MEPA STREET
Other: <input type="checkbox"/>	A	20000-170001793	Establishment Type: CCC / NURSERY
		<b>PERMIT STATUS:</b> <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired	
<b>No. of Children:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 25 Total		<b>Child Care License No.:</b> 180187 / <input checked="" type="checkbox"/> Valid / <input type="checkbox"/> Provisional / <input type="checkbox"/> Expired	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
1	A REGULAR INSPECTION WAS CONDUCTED.		
2	PREVIOUS INSPECTION CONDUCTED ON 9/21/2017 (0, A)		
3	THE FOLLOWING WAS OBSERVED.		
4	NO VIOLATION WAS OBSERVED.		
5	"A" PLACARD NUMBER 02005 ISSUED		
6	PIC BRIEFED ABOVE.		
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I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:  
 (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title):

C. TAKASE EPHD

J. GARCIA EPHD